



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last) Chang	(First) Tracy	(Middle) K.	TELEPHONE 536-2351
MAILING ADDRESS (Street) 888 Mililani St. #601			FAX 523-6859
(City) Honolulu, HI	(State)	(Zip Code) 96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) Hawaii Government Employees Association			TELEPHONE 536-2351
MAILING ADDRESS (Street) 888 Mililani St. #601			FAX 523-6859
(City) Honolulu, HI	(State)	(Zip Code) 96813	

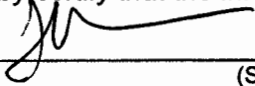
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Hawaii Government Employees Association			TELEPHONE 536-2351
MAILING ADDRESS (Street) 888 Mililani St. #601			FAX 523-6859
(City) Honolulu, HI	(State)	(Zip Code) 96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT Tracy Chang			TELEPHONE 536-2351
MAILING ADDRESS (Street) 888 Mililani St. #601			FAX 523-6859
(City) Honolulu, HI	(State)	(Zip Code) 96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

1/31/05

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
------	----------------------------------------------------

Randolph P. Perreira

Executive Deputy Director

NAME OF ORGANIZATION (if applicable)

Hawaii Government Employees Association

TELEPHONE

536-2351

MAILING ADDRESS (Street)

888 Mililani St. #601

FAX

523-6859

(City)

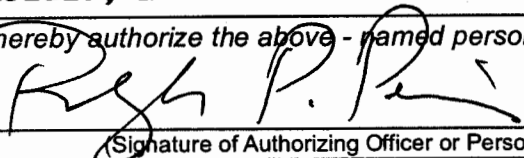
Honolulu, HI

(State)

(Zip Code)

96813

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1-31-05

(Date)